	SJUL. 15 196			District No. 10(	<del></del>	-			
1.	a. COUNTY				11 • 4		ed lived. If instituti NTY	ion: Residence before edmission)	
	OR `		SHIP only)	Length of stay in 1b	c. CITY OR TOWN S	t.Louis		Inside Limits Yes   No	
	- FULL MAME OF ME	NOT IN IN IN INC.	tion) Hosp. #1	Inside Limits Yes   No	d. STREET ADDRESS		•	Reside on Farn Yes No	
3	. NAME OF DECEASED	First		Middle	Last	4. DATE	Month Di	ay Year	
	(Type or print)	Effie	Mel·	inda Rair	les	DEATH	6 26	60.	
5		6. COLOR OR RACE	7. Married	Never Married	8. DATE OF BIRTH	9. AGE (last bir	thday) IF UNDER 1 Y	EAR IF UNDER 24	
10	a. USUAL OCCUPATION	(Give kind of work done			RY 11. BIRTHPLACE	City and state or co		OF WHAT COUNTRY	
13	a. FATHER'S NAME	26 MITE	1 3b. MC	OJN C OTHER'S MAIDEN NAI	<u>i Milan</u> we	7 MO 14. NAA			
	Jose	ph Hoskins	м-	nerva Jo	nes				
15 (Ye	. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16, SC		17. INFORMANT	T	Address 160	6 S <b>1</b> 2	
<u> </u>	= .			and (c).	ı aosep	nines ve	<del>noman j</del>	INTERVAL BETWE	
•	IMMEDIATE CAUSE (a) Cerebral Vascular accident ONSET AND DEA								
	Condition which as	had be	nowhe	نهد					
	above cause (a), stating the under-		:)			33/4			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90 de la condition given in PART I (a)								
CERTIFIC	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICIDI	E HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURRED	. (Enter nature of in			
EDICAL	20c. TIME OF Hour a.m. p.m.	Month, Day, Year	<u> </u>						
2	WHILE AT WORK	☐ farm, f	OF INJURY (e.g. actory, street, of	, in or about home, fice bldg., etc.)	20f. CITY, TOWN, OF	LOCATION	COUNTY	STATI	
İ	22. SIGNATURE	22b. ADDRESS	-		22c. DATE SIG				
	9 W. E	الأ ومسملا	1 D.			afavette /	lve.	6-26-60	
234	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Tune 20/6			EMATORY :	3d. LOCATION (Ci	y, town, or county)	(State)	
			RESS	25. DA	TE RECD. BY LOCAL R JUN 28 196	EG. 26. REGAÇA		<u>.</u>	
	MEDICAL CERTIFICATION	b. CITY (If outside co TOWN St. 1  c. FULL NAME OF (IF HOSPITAL OR INSTITUTION St. 1  3. NAME OF DECEASED (Type or print)  5. SEX  Female  10s. USUAL OCCUPATION during most of workin HOU  13a. FATHER'S NAME  JOSE  15. WAS DECEASED EVER (Yes, no, or unknown) I (If PART I. IV)  16. CAUSE OF DEATH PART I. Condition which go stating to lying continue to the part II. If I was above the part II. If I was above the part II. I was always alw	b. CITY (if outside corporate limits, give TOWN: OR TOWN St. Louis, Mo.  c. FULL NAME OF (if NOT in hospital, give local HOSPITAL OR INSTITUTION St. Louis City  3. NAME OF DECEASED (Type or print)  First  Effic  5. SEX  6. COLOR OR RACE Female  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE  13a. FATHER'S NAME  JOSEPH HOSKINS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or daies of NO  18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a), stating the underlying cause last.  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c disease condition given in the underlying cause last.)  PART II. OTHER SIGNIFICANT C disease condition given in the underlying cause last.  20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE farm, for the period of the deceased from Death occurred at Cause (a).  21. I attended the deceased from Death occurred at Cause (a).  22a. SIGNATURE (Deceased From Death occurred at Cause (a).  23a. BURIAL, CREMATION, 23b. DATE PROVAL (Specify) DUE TO (c).	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1  3. NAME OF DECEASED (Type or print)  Effie  Mel.  5. SEX  6. COLOR OR RACE Female Winte  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE  13a. FATHER'S NAME  JOSEPH HOSKINS  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COLD disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES DENO  20d. INJURY OCCURRED WHILE AT WORK ON THILE AT WORK ON THILE AT WORK ON THILE AT WORK ON THE	b. CITY (if outside corporate limits, give TOWNSHIP only)  TOWN St. Louis, Mo.  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1  3. NAME OF DECEASED (Type or print)  First  Middle  Rffie  Melinda Rais  5. SEX  6. COLOR OR RACE White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, evep if retired) HOUSE Wife  13a. FATHER'S NAME  JO Seph Hoskins  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, et unknown) (if yes, give war or daies of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause [a), stating the underlying cause last. Ving cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOMICIDE NORTH MAINTY e.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK DEATH MORK DEATH MOR	b. CITY (If outside corporate limits, give IOWNSHIP only) OR OR OWN St. Louis, Mo.  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1  3. NAME OF DECEASED First  SEX O. COLOR OR RACE Female White Whospital OR Inside Limits ADDRESS  7. Married Melinda Raines  8. DATE OF BIRTH Middle Lest White Melinda Raines  7. Married Divorced Divorced Late Milanda Divorced Divorced Late Milanda Divorced Divorced Melinda Milan Divorced Divorced Late Milanda Divorced Divorced Late Milanda Milan  13b. MOHER'S MAIDEN NAME Milanda Milan  15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or granknown) (If yes, give war or daies of service)  16c. COLOR OR RACE Milanda Milan  17d. INFORMANT Milanda Milan  17d. INFORMANT Milan  17d. INFORMANT Milanda Milanda Milan  17d. INFORMANT Milanda Milanda Milan  17d. INFORMANT Milanda Mi	b. CITY (if outside corporate limits, give TOWNSHIP only)  TOWN St. Louis, Mo.  c. FILL NAME OF (if NOT in hospital, give location)  TOWN St. Louis St. Loui	D. CITY (if outside corporate limits, give TOWNSHIP only)   Length of stey in Ib   TOWN   St. Louis   City   Hospital   Town   Town   Town   St. Louis   City   Hospital   Town   Town   Town   St. Louis   St. Louis   City   Hospital   Town   T	

## STATEMENT BY LICENSED EMBALMER

I hereby certify	that the body whose name is re	corded on the reverse side of this certificate was emba	almed I
or by		, Student Embalmer No	
working under my pers	onal supervision.	Signed J. James	
Student	<del></del> :-	Signed J. Janus	
Signa	ature of Student Embalmer	7 -	20
· · · · · · · · · · · · · · · · · · ·		Licensed Embalmer No.	28

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cowith the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.